

13.d. Rehabilitative services. (continued)

3. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

A. Crisis stabilization cannot be provided without first providing crisis intervention.

B. Crisis stabilization is provided by a mental health professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker who meets the qualifications on pages ~~53a-53c~~ 53b-53d, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a short-term supervised, licensed residential program that is not an IMD. If provided in a short-term supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

- (1) A list of problems identified in the assessment;
- (2) A list of the recipient's strengths and resources;

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- (3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;
- (4) Specific objectives directed toward the achievement of each one of the goals;
- (5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;
- (6) Planned frequency and type of services initiated;
- (7) The crisis response action plan if a crisis should occur; and
- (8) Clear progress notes on the outcome of goals.

- 4. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:

- 1. Recipient transportation services.
- 2. Services provided by a nonenrolled Medicaid provider.
- 3. Room and board.
- 4. Services provided to a recipient admitted to an inpatient hospital. _____
- 5. Services provided by volunteers.
- 6. Direct billing of time spent "on call" when not providing services.

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13.d. Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.
8. Outreach services, defined on page ~~53e~~ 53f.

Rehabilitative services provided for **chemical abuse** are limited to:

- (1) **Primary rehabilitation program:** A licensed chemical dependency rehabilitation program that provides intensive, primary therapeutic services to clients who do not require detoxification. Primary rehabilitation programs provide at least 30 hours a week per client of chemical dependency services including group and individual counseling, and other services specific to chemical dependency rehabilitation.
- (2) **Outpatient rehabilitation program:** A program of at least 10 hours of therapy/counseling, including group, collateral, and individual therapy/counseling and may be provided to a recipient while the recipient resides in a supervised living facility, board and lodging facility, or the recipient's own home.
- (3) **Extended rehabilitation program:** A licensed chemical dependency rehabilitation program that offers extended, long term in-house chemical dependency services. An extended rehabilitation program provides an average of 15 hours a week per client of chemical dependency services including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.
- (4) **Transitional rehabilitation program:** A licensed chemical dependency rehabilitation program that is offered in a transitional semi-independent living arrangement with an emphasis on aftercare and securing employment. A transitional rehabilitation program provides at least five hours a week per client of rehabilitation services that may include group counseling, employment counseling, and individual counseling.

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13.d. Rehabilitative services. (continued)

Collateral counseling involves counseling provided directly or indirectly to the recipient through the involvement of the recipient's or significant others in the counseling process. Presence of the recipient in the counseling sessions is not necessarily required. However, when the recipient is present, reimbursement for collateral counseling and individual or group counseling for the same session is not allowed.

Rehabilitative services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy. These services are limited to services provided under the recommendation of a physician and must be a part of the recipient's plan of care.

Provider eligibility is limited to programs licensed by the Department of Human Services under Minnesota Rules, parts 9530.4100 through 9530.4450 (Rule 35) and Minnesota Rules, parts 9530.5000 through 9530.6400 (Rule 43) or the American Indian programs, that if located outside of the federally recognized tribal lands would be required to be licensed.

Rehabilitative restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services.

Coverage is limited to services within the limitations provided under Items 11.a. to 11.c., Physical therapy services, Occupational therapy services, and Speech, language and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist), except:

- (1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an affiliate of the rehabilitation agency are not covered.
- (2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

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13.d. Rehabilitative services. (continued)

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: IFSP or IEP evaluations that are medical in nature and result in IFSPs or IEPs, or determine the need for continued services; speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices.

Covered services also include nursing services, such as catheterization, suctioning, tube feedings, medication management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

Covered services must be furnished by the following personnel:

- (1) Audiologists meeting the requirements in 42 CFR Part 440.110.
- (2) Occupational therapists certified by the National Board for Certification in Occupational Therapy who maintain state licensure as occupational therapists.
- (3) Physical therapists meeting the requirements in 42 CFR Part 440.110.

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13.d. Rehabilitative services. (continued)

- (4) Speech-language pathologists:
 - (a) meeting the requirements in 42 CFR Part 440.110;
 - (b) who hold a masters degree in speech-language pathology; and
 - (c) who are licensed by the state as speech-language pathologists.
 - (5) Mental health professionals as defined in item 6.d.A.
 - (6) Mental health practitioners practicing under the supervision of mental health professionals who:
 - (a) hold a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2,000 hours of supervised experience in the delivery of mental health services to children;
 - (b) have at least 6,000 hours of supervised experience in the delivery of mental health services to children;
 - (c) are graduate students in one of the behavioral sciences or related fields and are formally assigned by an accredited college or university to an agency or facility for clinical training; or
 - (d) hold a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and have less than 4,000 hours post-master's experience in the treatment of emotional disturbance.
- Mental health practitioners cannot provide psychological testing or diagnostic assessments.
- (7) Mental health behavioral aides as defined in item 4.b., page 17p working under the direction of either mental health professionals or mental health practitioners under the clinical supervision of mental health professionals.
 - (8) Physicians who have a current Minnesota license as a physician.

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13.d. Rehabilitative services. (continued)

- (9) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.

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2.a. Outpatient hospital services.

Payments for outpatient hospital services may not exceed in aggregate the total payments that would have been paid under Medicare.

Outpatient hospital facility services are paid in accordance with the most recent Ambulatory Payment Classification system rates published by the Centers for Medicare and Medicaid Services in the Federal Register, listed in the column marked "Payment Rate," except that:

- (1) end-stage renal disease hemodialysis for outpatient, per treatment is paid in accordance with composite rate methodology for the Medicare program, regardless of service date; and
- (2) partial hospitalization is paid the lower of the submitted charge or an hourly rate that is 75.6% of the 50th percentile of 1999 charges.

Freestanding ambulatory surgical center facility services or facility components are paid in accordance with the methodology in item 6.d.C., Ambulatory surgical centers.

Other outpatient hospital services as paid using the same methodology in item 5.a., Physicians' services.

Laboratory services are paid using the same methodology in item 3, Other laboratory and x-ray services.

Vaccines are paid the lower of:

- (1) submitted charge; or
- (2) the average wholesale price plus \$1.50 for administration.

Vaccines available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid the lower of:

- (1) submitted charge; or
- (2) the \$8.50 administration fee.

All other injectables are paid the lower of:

- (1) submitted charge; or
- (2) the average wholesale price.

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2.a. Outpatient hospital services.

Outpatient chemical abuse programs services are paid using the same methodology in item 13.d., Rehabilitative services.

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13.d. Rehabilitative services.

Rehabilitative services are paid using the same methodology in item 5.a., Physicians' services, except as listed below.

- **Physical therapy assistants** are paid using the same methodology as item 11.a., Physical therapy.
- **Occupational therapy assistants** are paid using the same methodology as item 11.b., Occupational therapy.
- ~~Payment for mental health services is made in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service.~~ Effective for mental health services provided on or after July 1, 2001, payment is the lower of the submitted charge or 75.6% of the 50th percentile of 1999 charges.

This rate includes mental health services provided by community mental health centers. For partial hospitalization services provided by community mental health centers, the hourly rate is based on outpatient hospital charges for partial hospitalization.

- **Basic living and social skills** provided as part of mental health community support services are paid:
 - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$18.00 per 30 minute unit;
 - for mental health rehabilitation workers, the lower of the submitted charge or \$13.50 per 30 minute unit; or
 - in a group setting, regardless of the provider, the lower of the submitted charge or \$11.00 per 30 minute unit. For the purposes of mental health community support services, "group" is defined as two to 10 recipients.
- **Consultation with significant people** provided as part of mental health community support services are paid:
 - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$9.00 per 15 minute unit; or
 - for mental health rehabilitation workers, the lower of the submitted charge or \$6.75 per 15 minute unit.